L1600001640 B

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Continue copies
Special Instructions to Filing Officer:
; [−] ', 7'3
v (1), 7 (1) 1

Office Use Only



600431537036

08/14/24--01015--012 **25.00

2001. J. 1 1 4 F.1 12: 28

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJI	ECT: <u>RAPID</u>	Junk Removal Name of Lim	LLC ited Liability Company	
The en	nclosed Articles of An	nendment and fee(s) are sub	mitted for filing	
Please	return all correspond	ence concerning this matter	to the following:	
		RYAN_Timlic	Name of Person	
		RAPID JU	NOK REMOVAL Firm/Company	
		725 Intra	COOSTAL Drive	
		Fort Lawderd: A. WOOTZ (O. G.) E-mail address: (City/State and Zip Code A 21. CM To be used for future annual report notif	ication)
For fu	rther information con-	cerning this matter, please ca	all:	
<u> </u>	YAN TIMIN Name of Po	erson	at (<u>154</u>) <u>756 301</u> Area Code Daytimo	5 Telephone Number
Enclos	sed is a check for the (following amount:		
1 € \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	O ORGANIZATION OF	Park Park
RAPID JUNK Removal LLC (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1600016408 This amendment is submitted to amend the following:	were filed on <u>01/25/2016</u>	and assigned
A. If amending name, enter the new name of the limited liab OSS CONTROLIC The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:		the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R.T. 100 Bryan Blud Plantation, Fl 33317	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
-			
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
		-	□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

_ Change

Page 2 of 3

Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	June 11 . 2024.
	Signature of a member or authorized representative of a member
	To Comment of a monitor of a monitor
	Typed or printed name of signee